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RURAL DISTRICT OF SALISBURY AND WILTON



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ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

Incorporating

THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

For the year 1962.

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RURAL DISTRICT OF SALISBURY AND WILTON
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1962.

To the Chairman and Members of the Rural District Council of
Salisbury and Wilton.

I have the honour to present the Annual Report on the public health of the District during 1962. The Report follows the recommendations of the Ministry of Health in Circular No. 1 1963. Sections 5 (3) and 15(f) of the Public Health Officers Regulations 1959 are referred to in this Circular, which sections draw attention to the provision in the Regulations for the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health in his area, in addition to any on which he is specifically required to report.

The Report of the Chief Public Health Inspector, Mr. J. A. Furley, is incorporated. This provides me with detailed information in regard to environmental public health in the district to supplement that derived from my personal observation and enables some further comments to be made.

There is an arrangement between the East Wilts Districts and the South Wiltshire group of Districts, excluding Salisbury City, under which their Medical Officers of Health deputise for each other during holiday periods or other absences from work. I would like to thank my colleague Dr. H. I. Lockett for his help during the year.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and other colleagues, without which assistance the preparation of this report would not have been possible. I would also particularly like to record my gratitude to my colleagues the General Medical Practitioners, and Health Visitors, also to Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory, for their great help to me in carrying out my work.

I have the honour to be,

Your obedient Servant,

F. J. G. LISHMAN.

Medical Officer of Health.

7th August, 1963.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report.

1. In the "Vital Statistics" Section:

The Infant Mortality Rate more than doubled, from 12.8 last year to 26.5, the Tuberculosis Mortality Rate remaining at Nil, and the standardised Death Rate raised from 9.0 last year to 11.2. Over two thirds of the latter was due to heart and circulatory diseases, and about one quarter to cancer and related malignant diseases. A tenth of the Cancer deaths were due to Lung Cancer.

2. In the "Communicable Disease" Section:

On the protective side, tetanus immunisation introduced in 1960, is now greatly increased. Sabin Oral has now almost completely displaced Salk parenteral poliomyelitis vaccine. It is much simpler to give, and is believed to produce a stronger, longer lasting, protection. On a small scale Tuberculosis "immunisation" for selected groups of children and contacts of the diseases continued. There was a low incidence of notifiable communicable diseases, except measles. There was a decrease, moreover, in notification of Tuberculosis from 8 last year to 4 this year, and only one of these was "Respiratory". A case of plague occurred, in a scientist who had been working on cultures of the germ at the Microbiological Research Establishment, Porton - a short note on this extraordinary event is included in this report.

3. In the "Environmental Public Health and Food" Section:

(a) There was progress in provision of new housing, in spite of which there is probably an increasing shortage of housing accommodation, although the figures of people on the waiting list of Council houses shows a drop as compared with last year. This apparent drop however is probably due to an alteration in the classification and grading system for housing applications in the Housing section of the R.D.C. offices. The need to maintain an all-out drive to reduce this problem, probably the greatest public health problem of the age, in this country is still apparent. However the Council augment their housing provision, the unsatisfied need for homes leaps several steps ahead.

(b) Further progress in development of rural water supplies, which however have too low a fluoride content for the promotion of dental health, a deficiency that could be easily corrected.

(c) Increasing need for sewerage in certain areas, and further progress in meeting these needs.

(d) Satisfactory results of the milk sampling scheme especially the completely negative results of samples taken for biological examinations for Tuberculosis and for living Brucella organisms. (This scheme ceased to operate in October, 1960 on transfer of the duties to Wiltshire County Council, but was resumed in November, 1961, with the R.D.C. acting as Agent for the Wiltshire County Council).

(e) Further gradual progress in the conforming of "Food Premises" to the Food Hygiene Regulations.

4. Principal Outstanding Public Health Needs

- (1) More homes, with the minimum encroachment upon agricultural land.
- (2) Extension of main water supplies to those few isolated parts of the district not yet served.
- (3) Enrichment of drinking water supplies to provide sufficient fluoride salt to enable teeth to grow healthy and durable.
- (4) Less tobacco smoking, with more effort to combat the antisocial advertising, - recently aimed especially at young people, - of the cigarette vendors. - (The special report on smoking issued by the Royal College of Physicians emphasises this advice, but the report was published early in 1962).

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F. J. G. LISHMAN, M.D. (Hygiene),
B.S., (LONDON), D.P.H. (LONDON),
L.R.C.P., M.R.C.S., D.L.O. (England)
L.M.C. (CANADA):

Office of Medical Officer of Health:
Salisbury and Wilton R.D.C. Offices,
26, Endless Street,
Salisbury, Wilts.
Telephone: Salisbury 5201.

Residence:
"Till Orchard", Berwick St. James.
Telephone: Stapleford 269.

Chief Public Health Inspector: J. A. FURLEY, M.R.S.H., M.A.P.H.I.

Public Health Inspectors: R. P. BATLEN, M.R.S.H., M.A.P.H.I.
R.A. COOMES, M.R.S.H., M.A.P.H.I.

Rodent Operator: R. H. COOMES.

Clerks and Stenographers: MISS J. BURCHMORE
MISS E. R. DARE

The Medical Officer of Health also holds combined appointments as Medical Officer of Health for the Mere and Tisbury Rural District, and for the Borough of Wilton, and, also under arrangements first made in 1954, he acts as Assistant County Medical Officer of Health for the Wiltshire County Council, so that the multiple appointments are also termed "mixed appointments". Approximately three elevenths of the salary of the Joint appointment is allocated to the Salisbury and Wilton Rural District.

The Chief and first additional Public Health Inspectors also hold appointments as Surveyor and Assistant Surveyor respectively for the Rural District.

GENERAL ADMINISTRATION DURING THE YEAR

During the year, there was a minor re-arrangement of the clerical staff accommodation consequent on the extension of the office premises, otherwise there was no change in the general administration of the Public Health Department during the year.

GENERAL STATISTICS

Number of Parishes	..	..	..	..	..	..	32
Area in Acres	..	..	..	..	..	..	107,430
Population, 1961 Census	..	..	..	..	..	..	18,962
Population, Registrar General's Estimate for mid Year	..	..	..	..	..	..	19,270
Density of Population - people per acre	..	..	..	..	..	..	0.18
Number of inhabited dwellings	..	..	..	..	..	..	6,249
Number of inhabited houses owned by the Council	..	..	..	..	..	..	888
Number of applications for Council Housing at end of the year on waiting list (213 of these have neither "residential" nor "working" qualifications for this Rural District).	..	..	..	..	..	..	388
Rateable Value	..	..	..	..	..	..	213,587
Product of a penny rate	..	..	..	..	..	..	£825

TABLE I

BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

					<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	..	..	Legitimate	..	158	141	299
			Illegitimate	..	4	9	13
			Total	..	162	150	312

Illegitimate births expressed as a percentage of legitimate
births .. 4.3

Crude Live Birth rate per 1,000 population16.4

Comparability Factor for Births 1.02

(This compensates for age and sex distribution of the local population so that the "standardized" birth rate can be compared with the rate for England and Wales, and with similarly standardized birth rates in other areas).

- 6 -

Maternal deaths (including abortion) 0

Maternal mortality rate per 1,000 live and still births .. 0

Note * Legitimate I.M.R. = $\frac{\text{Leg. deaths under 1 year}}{\text{Leg. live births}} \times 1,000$

† Illegitimate I.M.R. = $\frac{\text{Illeg. deaths under 1 year}}{\text{Illeg. live births}} \times 1,000$

Comment on Table I

The standardized Live Birth Rate is lowered from 18.2 per 1,000 last year to 16.7 per 1,000. With the continued housing insufficiency, one could not wish for any increase.

Illegitimate births are only 4.3 of this total.

Infant Mortality, with a rate of 26.5 is substantially raised from 12.8 last year, but this statistic must be regarded with caution because with a relatively small population district, with corresponding limitation of births to around 330 a year, one or two infant deaths occurring in a particular year make a big difference to the rate, each single infant death making an increase of three in the death rate per 1,000 live births. The national rate for the previous year was 21.4, and the Wiltshire rate 19.4. As in past years a high proportion of the infant deaths (this year seven out of eight) occurred in the vulnerable first four weeks of life. Four occurred in the first week.

TABLE II

DEATHS AND DEATH RATES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths	115	108	223
Crude Death Rate per 1,000 population	11.7
Comparability Factor for Deaths	0.96
Comment: This factor, being less than unity, indicates that the age distribution of the local population is older than that of the country as a whole.			
Death Rate as standardized by Comparability Factor	11.2
Death Rate for Wiltshire (Previous Year) for comparison	10.6
Death Rate for England and Wales (previous year)..	12.0

Comment: The Crude Death Rate for the Rural District is very slightly raised. The standardized Death Rate to make allowances for the more elderly population, and comparable with that for the country as a whole, is substantially lower than the rate for England and Wales in the previous year, and lower than that for Wiltshire as a County.

NATURAL INCREASE

Increase of Live Births over deaths for the year	89
Rate of Natural Increase, per 1,000 of population	4.6

TABLE III

Certain "Specific" Death Rates in Inverse "Health Index" Value
(Rates per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms)(both sexes)	0
Tuberculosis Death Rate	0
Deaths due to Respiratory Tuberculosis	0
Respiratory Tuberculosis Death Rate	0
Previous year's Tuberculosis Death Rate, Wiltshire for comparison	0.053
Previous year's Tuberculosis Death Rate, England and Wales for comparison	0.071
(2) Deaths from Cancer and related Malignant diseases	47
Specific Death rate from Cancer	2.5
Previous year's Death Rate from Cancer, Wiltshire	1.8
Previous year's Death Rate from Cancer, England and Wales	2.2
Specific Death Rate from Lung Cancer	0.21
Previous year's Death Rate from Lung Cancer (Wiltshire)	0.42
Previous year's Death Rate from Lung Cancer (England and Wales	0.49
(3) Deaths from Heart Diseases and other diseases of the Circulatory system	114
Specific Death Rate from Heart Disease and other diseases of the Circulatory system	5.9
(4) Deaths from Accidents and Violence	6
Specific Death Rate from Accidents and Violence	0.32
(5) Maternal Deaths (Due to pregnancy, child birth or abortion	0
Maternal Mortality Rate for District	0
Maternal Mortality Rate for England and Wales (previous year	0.39
Maternal Mortality Rate for Wiltshire (previous year)	0.37

Comment

On the whole these "inverse indices" of the state of health of the community are satisfactory except for the increase in mortality from malignant diseases. The specific death rate from Cancer (all forms) rose from 1.9 to 2.5, but Lung Cancer fell from 0.37 to 0.21. Heart and Circulatory disease mortality remained the same as last year. Certain of these specific "index" mortality rates are analysed, or broken down, in the following Table IV.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has, therefore, been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups labelled "A" to "G" as set out in Table IV.

TABLE IV

ANALYSIS OF CAUSES OF DEATH

Group A - Certain Communicable Diseases

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per</u> <u>1,000</u>
1. Tuberculosis - Respiratory ..	0	0	0	0
2. Tuberculosis - Other	0	0	0	0
3. Syphilitic Disease	0	1	1	0.05
4. Diphtheria	0	0	0	0
6. Meningococcal Infections ..	0	0	0	0
7. Poliomyelitis	0	0	0	0
8. Measles	0	0	0	0
9. Other Infectious & Parasitic Diseases ..	<u>1</u>	<u>1</u>	<u>2</u>	<u>0.1</u>
Total	<u>1</u>	<u>2</u>	<u>3</u>	<u>0.16</u>

Group B - Cancer and Related Malignant Diseases

10. Malignant Neoplasm - Stomach..	4	0	4	
11. Lung or Bronchus	3	1	4	0.21
12. Breast ..	0	7	7	
13. Uterus ..	0	3	3	
14. Other Malignant or Lymphatic Neoplasm	13	16	29	
15. Leukaemia or Aleukaemia ..	<u>0</u>	<u>0</u>	<u>0</u>	
Total	<u>20</u>	<u>27</u>	<u>47</u>	<u>2.5</u>

Group C - Diabetes

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per</u> <u>1,000</u>
16. Diabetes	1	1	2	

Group D - Heart and Other Diseases of Circulatory System

17. Vascular Lesions of Nervous System	10	20	30	
18. Coronary Disease or Angina ..	20	12	32	1.7
19. Hypertension with Heart Disease	2	2	4	
20. Other Heart Diseases	17	18	35	
21. Other Circulatory Diseases ..	10	3	13	
Total	59	55	114	5.9

Group E - Respiratory Disease
(Other than Tuberculosis)

22. Influenza	0	1	1	
23. Pneumonia	4	2	6	
24. Bronchitis	7	3	10	0.52
25. Other Diseases of Respiratory System	1	1	2	
Total	12	7	19	1.0

Group F - (Miscellaneous)

26. Ulcer of Stomach and Duodenum..	1	0	1	
27. Gastritis, Enteritis, and Diarrhoeal		0	1	
28. Nephritis and Nephrosis	2	0	2	
29. Hyperplasia of prostate	1	0	1	
30. Pregnancy, Childbirth, Abortion	0	0	0	
31. Congenital Malformation	2	2	4	
32. Other defined and ill-defined.. diseases	11	11	22	
Total	18	13	31	1.6

Group G - Accidents and Violence

33. Motor Vehicles Accidents.. ..	1	0	1	
34. All other accidents (inc. birth injury)	3	1	4	
35. Suicide	0	1	1	
36. Homicide and operations of war	0	0	0	
Total	4	2	6	.32
37. <u>ALL CAUSES</u>	115	108	223	11.7

Comment on Table IV

As usual, diseases of the heart and circulatory system are the chief causes of endemic mortality in the district - the specific mortality rate for these conditions at 5.9 per 1,000 being more than two thirds of the total mortality rate of 11.7. Cancer, at nearly a quarter (2.5 per 1,000) is second, and Respiratory Diseases (other than Cancer and Tuberculosis) third with 1.0 per 1,000 (not counting the "miscellaneous" group.)

It must now be appreciated that, as a cause of epidemic disease, heart, cancerous and respiratory diseases, especially Bronchitis, have replaced the idea of "infectious disease" as prime epidemic villains. Public Health Workers have still to tackle this great trio of killers with the same energy they used to tackle the now weakening group of "communicable" diseases. The efforts to persuade people to reduce tobacco smoking in the face of the great advertising campaign, still largely directed to making addicts of adolescents, is one example of modern epidemiology in the public health service. Of the Cancer deaths, four were due to lung cancer. Another campaign should be that against coronary heart disease, in which less overeating in middle age, (especially reduction of animal fat in the diet), more exercise and less smoking, could all play a part.

TOBACCO SMOKING, LUNG CANCER, BRONCHITIS AND HEART DISEASE Royal College of Physicians Report

This report, compiled and approved by the College in October, 1961, was published in the Spring of 1962. Most members will have heard a good deal about the subject of this report, so all I need say is that it adds still further weight to the advice given by Medical Officers of Health for many years, that as a measure of reducing lung cancer, bronchitis, and to a less extent coronary thrombosis, abstention from cigarette smoking would be a powerful safeguard.

The report recommends that decisive steps should be taken by the Government to curb the present rising consumption of tobacco, and especially of cigarettes. This action could be taken along the following lines:

- (1) more education of the public and especially schoolchildren concerning the hazards of smoking;
- (2) more effective restrictions on the sale of tobacco to children;
- (3) restriction of smoking in public places;
- (4) restriction of tobacco advertising;

- (5) an increase of tax on cigarettes;
- (6) informing purchasers of the tar and nicotine content of the smoke of cigarettes;
- (7) Establishment of anti-smoking clinics, to help those who find difficulty in giving up smoking.

The Wiltshire County Council Health Department have supplied me with a very clear Flannelgraph visual aid to assist me in giving short talks on this subject in schools, and elsewhere. I began this work in 1961 and extended it in 1962, and have been impressed by the attention paid during the talks by the children and the interest aroused, as shown by the many questions asked subsequently, and discussion aroused.

It would be a great help however, if teachers would give up cigarette smoking, as I have, to set an example.

The following is a quotation from the Question and Answer Session in the House of Commons on the 12th March, 1962.

Mr. Enoch Powell, The Minister of Health

"The Government certainly does accept that this report does demonstrate authoritatively and crushingly, the causal connection between smoking and lung cancer and the general hazards of smoking".

In my Annual Reports for 1961 I published the results, up to date, of the first five years of a study of the smoking habits of all people resident in the South Wiltshire Districts who died of Lung Cancer, and of a similar number, who died of coronary thrombosis and other coronary disease over a shorter period. These interview results showed a big preponderance of heavy cigarette smokers among the people who died of lung cancer, but only an insignificant preponderance in the case of those dying from coronary disease. The study is being continued. Meanwhile it should also be borne in mind that for every twenty cigarettes smoked per day, for a year, there would be a loss of about £80 from the housekeeper's budget for each person concerned.

COMMUNICABLE DISEASE

A. Prevention of Communicable Diseases

The measures of the extent to which people are immunised against communicable diseases in a district is one of the "pointers" towards the health of the community. Artificial immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established,

and, so far, most proven successful and lasting artificial immunisation are those against Small Pox and Diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Small Pox immunisations are done by the "Family Doctors" under the National Health Service for the County Council. Diphtheria, Tetanus, Whooping Cough, and Poliomyelitis immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics, or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for Tuberculin negative older school-children through the County School Health Service, and for selected other cases (usually contacts of cases of Tuberculosis) from N.H.S. Chest Physicians. In this area, all the immunisations, (except for oral poliomyelitis) are still carried out by Doctors, the practice of employing public health nurses (Health Visitors or especially experienced nurses) in this work not yet having been adopted for injection procedures.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year against Diphtheria, Tetanus, Small Pox, Whooping Cough and Poliomyelitis in the district.

TABLE V - IMMUNISATION STATISTICS

(a) DIPHTHERIA (b) WHOOPING COUGH (c) TETANUS

Year of Birth		1962	1961	1960	1959	1958	1953-1957	1948-1952
Primary Imms. completed during 1962.	Diph.	76	131	8	3	3	38	2
	Wh/c	76	129	8	3	2	9	-
	Tetanus	76	131	10	17	167	160	65
Reinf. injs. administered during 1962.	Diph.	-	19	47	13	10	282	54
	Wh/c.	-	13	35	6	3	34	3
	Tetanus	-	19	48	15	10	173	51

(D) SMALL-POX PREVENTION

Age Group	Under 1	1	2-4	5-14	15 or over
Immunisations	142	43	51	211	374
Re-Immunisations	-	3	42	356	875

E. POLIOMYELITIS PREVENTION

Persons Born.	2nd inj.	3rd inj.	4th inj.	3 oral	3rd oral after 2 injs.	4th oral
1943-1961	58	267	23	197	65	254
1933-1942	14	61	-	25	4	-
Babies born 1962	5	3	-	6	-	-
Others	39	188	-	45	11	1
Totals	116	519	23	273	80	255

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one fifth or 20% of the total "all age" population. Salisbury and Wilton Rural District has a slightly higher birth rate than the national average, so one can safely assure that at least one fifth of the total estimated population of 19,270 are children under 15. On the basis of this estimate there would be at least 3,800 children under 15 in the district, so at first sight the figures in the table appear somewhat small. However, when considered in this cumulative light over the years since the children's birth, I feel that they are reasonably satisfactory, except in the case of small pox. However, it must be said that there is now a substantial number of Medical Officers of Health not yet including myself, that would prefer to reserve small pox immunisation to people at special risk, such as going abroad, or who have had even a remote possibility of contact with a case of small pox. Further more, the Ministry of Health, has in the latter part of 1962 advised a deferment of the optimum age for routine smallpox immunisation from a few months old to between one and one and a half years old. This is bound to affect the immunisation figures, and will probably result in an ultimate as well as an initial reduction.

The inclusion of Tetanus immunisation in the County Council's scheme in 1960, has, I am glad to say been popular. Nearly every baby that is immunised against diphtheria now has the triple protection against whooping cough and tetanus also, simultaneously in the one injection, repeated thrice at monthly intervals.

Table V continues to show a better, but still unsatisfactory position in regard to Small Pox immunisation (so-called "Vaccination"), for

though 145 children under age 1 were immunised, the total "other Immunisations and Re-immunisations" added together for all other ages, only amounted to 153. In those times, when the speed of air travel allows people infected with Small Pox abroad to keep well on the journey but develop the disease after arrival in this country instead of on a ship, the level of protection against Small Pox in this district is insufficient. It could be less so if the same requirements in regard to immunisation against Small Pox, before making the journey, as apply to entry into most countries, were put permanently into force for entry into Great Britain, instead of only temporarily, as occurred.

B. Incidence of Communicable Diseases

The communicable disease for which statistics are available comprise those diseases which are compulsorily "notifiable" under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, this is not generally known, and in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

Case of Plague

The only unusual event during the year, otherwise characterised by the gradual year to year diminution of infectious diseases (other than measles), was an occurrence of thunderclap vehemence. In August a scientist, resident in the parish of Whiteparish, became ill and died within four days from *Pasteurella Pestis* Plague. This scientist was a member of the research staff of the Microbiological Research Establishment of the War Office, at Porton, situated in the neighbouring Amesbury Rural District, and had been working in his laboratory on strains of *Pasteurella Pestis* for some years. In spite of the special enquiry and the tremendous publicity following this tragic event, the precise way in which the scientist became infected was never discovered. Apparently completely foolproof precautions in this respect appear to have been maintained and followed. There was however, a failure, no doubt partly due to the patient's reluctance to refer to the nature of his work, and to inform his colleagues at Porton of his illness immediately, to diagnose the disease immediately, and institute early enough the antibiotic treatment that might possibly have saved him. The case was not reported to the Medical Officer of Health until the patient had died, one day after the admission to hospital.

However, one can be, thankful that no secondary case occurred, either among the scientists family or work contacts, and in this respect the lightning help given to the M.O.H. by the M.R.E. staff, and and by the Pathological and othermedical and nursing staff of Odstock Hospital, must be acknowledged with grateful thanks. The prophylactic treatment which was carried out for all "contacts" of the case at home or in hospital, (involving many nurses and ward staff) may well have aborted infection among the contacts, though of course one cannot be sure that any secondary cases would have occurred without this protection. In the final, pneumonic stage of septicaemic plague, however, close contacts of the desperately ill man may have been at considerable risk. I must also acknowledge the unhesitant help given by the staff of Public Health Inspectors in this Council, in paying followup visits to contacts and in other ways.

The case was the subject of a "Special Report" made to the Rural District Council Public Health Committee and sent to the Ministry of Health. All the details may be found in that report and need not now be repeated. A special enquiry was carried out by the War Office at the M.R.E. Porton, at which the Medical Officers of Health of the Wiltshire County Council as well as the three Districts (Amesbury R.D., Salisbury and Wilton R.D.C., and Salisbury City) were present.

Subsequently a Joint Committee of these four Local Authorities met in November to consider what further action should be taken to minimise the possibility of a similar sort of event occurring. This Committee made nine recommendations, and forwarded them to the Ministry of Health in order that those parts of the recommendations that depend on War Office action could be transmitted by the Ministry to the War Department.

At the time of writing this Annual Report (July, 1963) the reply of the Ministry of Health had just been received, and was waiting consideration. While the reply meets most of the points raised it fails to satisfy them completely.

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

TABLE VI

1. <u>Tuberculosis</u>	<u>Sub</u>	<u>Total</u> <u>(Main</u> <u>Disease)</u>	<u>Group</u> <u>Total</u>
(a) Respiratory	1		
(b) Meninges and Nervous System..	0		
(c) Other Forms	3		
(d) Group Total	<u>4</u>	<u>4</u>	<u>4</u>
2. Other			

2. Other Respiratory Notifiable Diseases.

					Sub	Total (Main Disease)	Group Total
(a)	Whooping Cough	..	..	..	0	0	
(b)	Pneumonia Acute	..	..	..	0	0	
(c)	Group Total	..	..	..	<u>0</u>	<u>0</u>	0

3. Diphtheria 0 0

4. Virus Diseases of Nervous System

(a)	Poliomyelitis - Paralytic	..			0		
(b)	Poliomyelitis - Non Paralytic				<u>0</u>		
(c)	Poliomyelitis - Total	..	..			<u>0</u>	
(d)	Encephalitis - Infective	..	..		0		
(e)	Encephalitis - Post Infectious				<u>0</u>		
(f)	Encephalitis - Total	..	..		
(g)	Group Total	..	..	..		<u>0</u>	0

5. Meningococcal Infection 1 1

6. Other Notifiable Virus Diseases

(a)	Measles (excluding Rubella)	..			89		
(b)	Small Pox	..	..	..	<u>0</u>		
(c)	Group Total	..	..	..			89

7. Alimentary Infection or Poisons

(a)	Dysentery - Bacterial	..	..		1		
(b)	Dysentery - Other	..	..	..	<u>0</u>		
(c)	Dysentery - Total	..	..	..		<u>1</u>	
(d)	Typhoid Fever	..	..	..	0		
(e)	Paratyphoid Fever	..	..	..	0		
(f)	Other Salmonella Infection not known to be food borne	..	..		0		
(g)	Food Poisoning	..	..	..	<u>7</u>	<u>7</u>	
(h)	Group Total	..	..	..			9

8. Streptococcal Group

(a)	Scarlet Fever	..	..	..	0		
(b)	Erysipelas	..	..	..	<u>1</u>		
(c)	Group Total	..	..	..			1

Sub

Total
(Main
Disease)

Group
Total

9. Miscellaneous Group

(a)	Puerperal Pyrexia	43	
(b)	Ophthalmia Neonatorum	<u>0</u>	
(c)	Other Notifiable Diseases (Flague)		
(d)	Group Total		44

10. All Notifiable Diseases Total .. 148

It is most important to note that certain common communicable diseases such as Influenza, Rubella and Mumps and also, in this country infectious Venereal Diseases, are not generally "Notifiable", and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included for many minor cases may never have a doctor called to them, and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of Whooping Cough, for example, may occur but not be notified. Under present regulations notifiable communicable diseases that are first diagnosed after admission to hospital must be notified to the Medical Officer of Health of the district in which the hospital is situated, irrespective of where they live. This accounts for a number of cases from other districts being notified to me, since the main infectious disease hospital for all districts near Salisbury is at Odstock. This shows itself also, and more notably, concerning Puerperal Pyrexia. Most women who bear their babies in hospital in South Wiltshire, North East Dorset and Western Hampshire do so in the maternity wards at Odstock Hospital. Any woman who develops a temperature of 100.4° , irrespective of causes, (which may be trivial) within fourteen days of childbirth must be notified as Puerperal Pyrexia. In considering the figures, therefore, we must remember that many (indeed most) of these cases do not derive from the Salisbury and Wilton Rural District. I do not think that measles notification serves any useful local purpose. Food Poisoning is discussed below.

Hospital Accommodation for Communicable Diseases

The Communicable Disease Block at Odstock Hospital serves this District for all ordinary cases of communicable diseases that are better cared for in hospital. For many cases however, home care is the best and most cases of measles, whooping cough, scarlet fever, food poisoning etc. are usually left at home. Ordinary cases of Paralytic Poliomyelitis go to Odstock Hospital, but Regional arrangements are made for "Bulbar " cases, with difficulty in breathing or swallowing, to be treated in a special unit at Portsmouth Communicable Disease Hospital. Special ambulance facilities, with expert travelling and nursing teams, are part of this service. No cases from this Rural District had to go to the special unit during the year.

FOOD POISONING

Table VI (a) is a copy of the "Annual Return" of the Food Poisoning notifications which is sent to the Ministry of Health. This analyses the "Food Poisoning" cases according to whether they occurred as outbreaks or as isolated cases (sometimes hard to distinguish), and according to their cause, - bacterial infective bacterial toxic, chemical, etc.

TABLE VI (a) FOOD POISONING

(In form requested by the Ministry of Health)

(Salmonella Infections that are not considered to be food borne are not included under Items 1, 2, or 3, but are shown separately under Item 4)

1. (a) FOOD POISONING NOTIFICATIONS

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
7	0	0	0	7

(b) CASES OTHERWISE ASCERTAINED

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
0	0	0	0	0

(c) SYMPTOMLESS EXCRETORS

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
0	0	0	0	0

(d) FATAL CASES

1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
0	0	0	0	0

2. PARTICULARS OF OUTBREAKS

Agent Identified	No. of outbreaks		No. of Cases		Total Number of Cases
	Family outbreaks	Other outbreaks	Notified	Other-wise ascertained	
(a) Chemical Poisons (type to be stated)	0	0	0	0	0
(b) Salmonella Newport	0	0	0	0	0
(c) Staphylococci (including toxin)	0	0	0	0	0
(d) Cl. butullinum	0	0	0	0	0
(e) Cl. welchii	0	0	0	0	0
(f) Other bacteria (Eschariciacoli - Type 1)	0	1	7	0	7
Totals	0	1	7	0	7
Agent not identified	0	0	0	0	0

3. SINGLE CASES

Agent Identified	No. of Cases		Total No. of Cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical Poisons (type stated)	0	0	0
(b) Salmonella (type stated)			
S. Anatum	0	0	0
(c) Staphylococci (including toxin)	0	0	0
(d) Cl. botulinum	0	0	0
(e) Cl. welchii	0	0	0
(f) Other bacteria	0	0	0
Totals	0	0	0
Agent not identified	0	0	0

5. SALMONELLA INFECTIONS, NOT FOOD-BORNE

Salmonella type	Outbreaks		No. of Cases (outbreaks)	Single Cases	Total No. of Cases (outbreaks and single cases)
	Family	Other			
Totals	0	0	0	0	0

Comment

The outbreak of E. Coli Type 1 Infection consisted of cases admitted to Odstock Hospital and diagnosed there, so necessarily notified to me. They came in however from outlying district, - Salisbury City, Ringwood, and Fordingbridge Rural District and Amesbury Rural District.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics, and the School Health Service with its specialised appendages such as Speech Therapy and Guidance Clinics. The

The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "chronic sick" and aged people, outside hospitals. Also, through the Welfare Department, the care of handicapped adults, and of old people, at home, at recreation, and in institutional care.

The District Medical Officer of Health is closely concerned with tuberculosis cases, especially in regard to their Housing and to prevention of infection spread in their homes, and sometimes place of work.

Since 1954, your Medical Officer of Health, who had not previously been associated with these services, now spends nearly half his day time working the County Council, principally with the School Health Services and at Child Health Clinics. He also conducts many Immunisation Clinics and undertakes a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The School Health care, and special educational needs, of handicapped children also comes under the Wiltshire School Health Services, and your Medical Officer of Health is closely concerned with this work, especially with the many mentally backward children.

School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals. The new extension to Wishford Magna School and the improvement of those parts of the old school still in use, was the main advance in this line during the year, in this Rural District.

Handicapped Adults

While the care of handicapped adults, including the blind and deaf, and of old people, comes under the County Council services, the Local Authority has certain powers in regard to old or neglected

people, under Section 47 of the National Assistance Act, 1948. This Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own authority in emergency to obtain a Justice's Order for the admission to hospital or a home of a person for a period of up to three weeks detention.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing "care and attention". In each case, except one however, removal to an institution was either unnecessary, or if necessary was arranged for voluntarily, either by applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. It was only necessary to use the emergency powers for one case, a very old man at Winterslow who, after a period of rehabilitation in a Welfare Home and after the coldest weather had passed, was able to return home in the Spring of 1963.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

As stated in previous reports, this is still probably the most important of the various factors which influence public health.

Human health is still, and probably always will be, influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of water, and of food supplies. Fundamental to good health are such influences as housing, a safe but not too "pure" water supply, safe and not wasteful disposal of body wastes (drainage, sewerage, etc.) refuse collection and disposal, control of flies, mosquitoes, and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed, including school and other canteens and public restaurants, hotels and "public houses".

These matters are reported upon in detail in the Report of the Chief Public Health Inspector Mr. J. A. Furley, which is incorporated in this Annual Report. Comments on the following matters are, however, made in this section of the report.

1. Housing

As stated in previous reports, and repeated because of its great importance, within the limits of geography, climate, and type of locality, probably no other single environmental influence is as important to mental and physical health as good housing. Lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours are frequent causes of people's domestic or occupation worries, some of which could be alleviated, with corresponding

improvement to mind and body if the housing problems of more people could be solved. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council houses or apartments ("flats"), though this is very big. Some people are living in unsuitable accommodation who have not applied for Council Housing.

At the end of the year there were still 388 actual applications, mainly in respect of families, for Council Housing on the waiting list. This is 107 less than at the end of 1961, but the big drop is accounted for by the Housing Department revising its system of waiting lists, and the adoption of the policy of eliminating of applicants at present located in the City of Salisbury, the Borough of Wilton, and further afield outside the Rural District.

The figure of 388 applications for Housing by the Council should moreover be considered in the light of needs and qualifications of applicants.

Of the 388, those for whom the Council consider they have most responsibility number 213, divided as follows:

	<u>For Bungalows</u>	<u>For houses or flats, other than bungalows</u>	<u>Total</u>
Slum Clearance cases	11	8	19
Other urgent applications ..	33	17	50
Less urgent applications ..	78	66	144
	<u>122</u>	<u>91</u>	<u>213</u>

I feel however, that the plight of those applications for whom the Council "accepts no responsibility" may be distressing. These people include many who although having no residential or working "qualifications" within the Rural District do wish to live, often to retire, in the country, sometimes for genuine health reasons instead of living in a murky town. They ought to be given some help of being able to live in the country, although the Council's primarily responsibility is of course the local people. This however is a problem that affects most areas, and is a national matter.

The Council is, however, to be praised upon the very substantial contribution to housing that it has given over the last decade by making improvement grants towards the cost of improving and

modernising old houses, providing bathrooms, water closets, etc. In this way 53 homes have been resuscitated and made good during the year at a cost of £17,527. Since the grants were first permitted under the Housing Act, 1949, a total of 595 homes have been "saved" and improved by means of these grants, totalling £191,327. These figures do not include the nonconditional smaller grants of specially limited scope, called "Standard" Grants, of which 27 homes were the subject, involving £2,813 during the year. The Council now have some sort of "stake" in 1 in 5 homes in the District, (including Council Houses).

Housing of Old People

The special needs of old people living either with their children or alone are of great public importance. The Council are aware of this. The neighbouring Sturminster Rural District Council have been pioneers in this service for the last twelve years. During 1959 a delegation from the Housing and Public Health Committee visited the Sturminster R.D.C. Grouped Dwellings for old people at Marnhull and Stalbridge, and from this agreed on a scheme which is now being promoted for providing two somewhat similar groups of old people's dwellings at Downton and Laverstock as a beginning for an enterprise in this Rural District which will I hope eventually surpass the pioneer work in the Sturminster Rural District. At the end of the year, work had begun on the Downton Group.

2. Water Supplies

Only one of the thirty-two parishes is not yet fully supplied with satisfactory, piped water. The five Chalke Valley Parishes previously unsatisfactory were supplied in 1962. Negotiations were completed to transfer the Winterslow Water Society's Supply to the Rural District during 1962, and improve it to R.D.C. standards. Further details are given in the report of the Chief Public Health Inspector, appended.

Quality

The quality of the public supplies, as indicated by a great many bacteriological and a few chemical analysis has been good, with the one qualification that the natural fluoride content of the waters is not up to the standard required to promote the building of strong durable teeth, resistant to decay in young growing children, or to maintain the strength of the bones of old people. During the year in addition to routine full chemical analysis of the waters used in the main regional distribution supplies, more frequent analysis just for fluoride content, started in 1955, and continued at intervals, were reduced in 1961, and stopped in 1962, because a sufficiently reliable picture of the fluoride deficiency of the various local water sources had already been obtained. For a good dental health a fluoride content of one part per million water is desirable. The results are shown in the table.

FLUORIDE CONTENT OF MAJOR WATER SOURCES
(Parts per million water)

	1955	1956	1957	1958	1959	1960	1961	1962
Ebbesbourne Wake	-	-	Apr. less than 0.1	0.06	Dec.	-	-	Source abandoned
Farley		June 0.8	March 0.1		-	-	-	Source abandoned
Fovant (Borehole)	Apr. 0.6	Jan. 1.0	May 0.6	Mar. 0.3	Dec. 0.1	- 1.0	-	Oct. 0.2
Pitton	Apr.	Feb.	-		0.5	-	-	Supply ceased. Source about to be abandoned
Salisbury City Supply for adjacent R.D.	-	-	June 0.1	Feb. 0.3	-	-	-	-
W. Hants Water Co. (Taken at Downton).	Apr. 0.3		Feb. 0.4	-	-	-	-	-
White-parish (Gatmore Pumping Station)	Apr. 0.2	Feb. 0.2	May 0.1	Aug. 0.07	Oct. 0.07	Dec. 0.1	-	-
Wylfe (Borehole)	Dec. 0.15	June 0.05	Jan 1.0	Jan 0.1	0.4	Nov. 0.1	Jan 0.1	-
West Dean	-	-	-	-	0.07	-	-	-
Winterslow	-	-	-	Dec. 0.05	-	-	-	-

At last I can now report that Ministry of Health are encouraging Water Authorities to enrich fluoride-deficient waters. Having now demonstrated (at Anglesey, Watford, and Kilmarnock) that what was amply proven over seventeen years in Canada and the U.S.A., and more recently in New Zealand, also applies in this country. The report^x on the first five years working of fluoridation of water in the three "demonstration" areas was published in 1962, and was entirely favourable.

The World Health Organisation, New Zealand Department of Health British Medical Association, British Dental Association, Society of Medical Officers of Health, Canadian Public Health Association, and the American Public Health Association support this enrichment measure, where waters are naturally weak in fluoride. The Government of Eire has passed the Health (Fluoridation of Water Supplies) Act 1961 giving power to the Ministry of Health to compela Water Supply Authority to fluoridate their waters in cases where the Minister is satisfied that there is a local need for this measure.

I believe that no other public health measure will produce results in improving dental, and therefore general, health so quickly and so cheaply. The benefits while starting with young children will, as these children grow up, persist throughout life, and there is now also some evidence that old people may also specially benefit, because their bones, which usually become weakened and fragile in old age, and liable to break easily, are strengthened.

3. Milk Supply

Details of supervision and sampling of milk supplies will be found in the Chief Public Health Inspector's section of this report.

Although during 1960, under the Milk (Special Designations) Regulations 1960, this work had been transfered to the County Council, towards the end of 1961, it was delegated back again under an "agency" arrangement under which the W.C.C. pays the R.D.C. 12s. 6d. for each inspection and sampling. There was a year's gap during which practically nothing had been done in this service, but after very low figures for work done in 1961, those for 1962 show a substantial increase. They are shown in detail in the Chief Public Health Inspector's section. All tests for tuberculosis and Brucellosis were negative.

From the viewpoint of prevention of milk borne disease the two most important tests to which samples are subjected are:

- (a) The Phosphatase tests, for checking the adequacy of the Heat Treatment of Pasteurised milk. Here, some of the sampling, at the pasteurizing plants, is done by County Council Staff, but copies of reports on the samples taken by the W.C.C. are sent to me, and as regards this district, have been satisfactory, none failing to pass the phosphatase test.

(b) The Biological tests (and their simpler "short cut" subsidiary tests, "Ring test", and "Whey Agglutination tests", for detecting presence of living tuberculosis or brucella germs in the milk. Here, 41 samples from Tuberculin tested raw milks were analysed by the 5 week guinea pig and culture tests, and it is very reassuring to report that all samples were negative for tuberculosis and all negative for brucella. A considerable number of milk samples, however, showed positive "Ring" tests. This is not an official test, but gives a guide as to whether there has been brucella infection in the herd recently or in past months. When a positive ring test is found, a Public Health Inspector calls and advises the producer to call in his veterinary surgeon. Immunisation of herds against brucellosis, can, however, give falsely positive ring tests for a time, but a positive result in an adult cow not immunized since calthood should be regarded with great suspicion.

4. Sewage Disposal

The first stage of the Downton-Redlynch seweragescheme was completed, and the disposal works built and functioning satisfactorily. Progress continued on the second stage. The equally long-needed Foxant scheme was also completed during the year, a great relief to the parish, because owing to the close proximity of large water-cress beds some properties that could have had water closets and septic tanks in other circumstances were not allowed these facilities, and had to have chemical closets, or bucket closets emptied twice weekly by an excrement contractor. A further portion of Laverstock has been sewered. Dreadful odours are alleged to arise from the Netherhampton Sewage "Farm" of Salisbury City Council, but I can seldom smell more than the faintest whiff. The City's new works are now being constructed and within a year or so should render Netherhampton works redundant.

5. Food Hygiene

There has been a modest improvement in the hygiene of equipment and operation of food establishments, schools, public houses, etc. during the year.

Storage - Deep Freezing

The temperature of deep freeze lockers in shops which expose the upper layers of food in display to the rays of powerful lamps, which also emit heat, require regular checking to ensure that the uppermost food packets do not become harmfully unfrozen.

This need has been reported in other areas, but so far I have not received reports of faults in this Rural District.

6. Refuse

During the year an important development occurred, the Council starting to operate their own refuse collecting and disposal scheme instead of putting this out to contract. The new scheme is described in the report of the Chief Public Health Inspector.

Also during the year the Council abandoned the negotiations for acquiring, with the object of introducing "controlled tipping" and fencing off to frustrate unauthorised tipping and reduce accident risk, the great depression between Downton and Redlynch, where some of the Council's refuse is tipped. It was thought that this dump should give a further decade of service, but another one, further west and north in the District is needed, to reduce transport now, and to take over later when the Downton dump is full. Latest inspections show, moreover, that the Downton hole is likely to be filled up much sooner than ten years, - probably in four to five years time.

7. Roadside Filth

There is growing concern about deposition of faeces near lay-bys on main roads. Flies can carry infection from the deposits to the blackberries. The obvious answer is more public conveniences, all signposted, on trunk roads. Simple camping type conveniences, with flyproofed erections over Trenches are sufficient for the purpose. The trenches can be filled in at the end of the summer and the erection moved a few yards away the following year.

8. Swimming Facilities

The Rural District is fortunate in having five lovely rivers, the Avon, Wylfe; Till, Nadder and Ebbw, threading it. In various pools in these rivers quite good swimming and bathing facilities, exist, with only a small risk of infection from pollution.

It is however, unfortunate that in a district with much attractive river water, there are still so few facilities for teaching children to swim. All children should be taught to swim as young as possible, certainly by primary school age. All children and adults, should be taught the mouth to mouth system of Artificial Respiration. These two accomplishments would be most conveniently taught in the Primary and Secondary Schools.

In 1961 the Principal School Medical Officer of Health for Wiltshire made recommendations to the County Education Committee that Artificial Respiration be taught in the schools, but so far I have seen no evidence that this advice has been put into practice.

9. Tobacco Smoking

Dealt with after Table IV - see "Tobacco Smoke", Lung Cancer, Bronchitis and Heart Disease".

10. Meat Inspection

The burden of this necessary work on the Public Health Inspectorate is tremendous, and will increase with the anticipated 100% inspection of meat expected to be started in 1963. Development of new poultry slaughtering and processing stations is about to increase, but at present there is no provision for meat inspection at these places. The time is approaching however, when some provision ought to be made.

11. Factory Inspection

TABLE VII - FACTORIES

Factories Acts 1937 and 1959

INSPECTIONS

	Number of Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	3	2	0	0
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	78	39	5	0
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	0	0	0	0
Total	81	41	5	0

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Reme- died (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	0	0	0	0	0
Overcrowding (S.2)..	0	0	0	0	0
Unreasonable temperature (S.3) ..	0	0	0	0	0
Inadequate ventilation(S.4) ..	0	0	0	0	0
Ineffective drainage of floors (S.6) ..	0	0	0	0	0
Sanitary Con- veniences (S.7) ..					
(a) Insufficient ..	0	0	0	0	0
(b) Unsuitable or defective ..	5	5	0	0	0
(c) Not separate for sexes ..	1	1	0	0	0
Other offences against the Act (not including offences relating to Outwork)	1	1	0	0	0
	8	7	0	0	0

PART VIII OF THE ACT

Section 110 and 111 Factories Act 1937

Nature of work.	No. of outworkers in August list required by Section 110(1)(c)	No. of cases of default in send- ing lists to the Council	No. of prosecu- tions for failure to supply lists.	No. of instances of work in unwhole- some pre- mises	Notices served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel:						
Making etc., Cleaning and Washing ..	37	0	0	0	0	0

No outworkers were known to be practicing any of the types of work listed in the Ministry of Labour return required annually from me.

Household linen, Lace, lace curtains and nets, curtains, and furniture hangings, furniture and upholstery, electro-plate, file making, brass and brass articles, fur pulling, iron and steel cables, and chains, iron and steel anchors and grapnels, cart gear, locks, latches, and keys, umbrellas, etc. artificial flowers nets, other than wire nets, tents, sacks, racquet and tennis balls, paper bags, the making of boxes or other receptacles or parts thereof made wholly or partially of paper, brush making, pea picking, feather sorting, carding, etc., of buttons, stuffed toys, basket making, chocolates and sweetmeats, cosques, christmas stockings, textile weaving, lampshades.

Other Comments

Last year (1961), complaints of fearful smells and sternutatory effects on noses and lungs, came from the western fringe of Salisbury City adjacent to Netherhampton Parish border on which a large factory of Automobile and Aero engine piston rings had started a sideline process of boiling sulphur in castor oil to make a metal-sealing compound. The process was investigated, and suggestions made to, and accepted by the firm, with partial success only. Towards the end of 1962 however, the factory became "registered" under the Alkali Works Regulations Act which places it directly under the supervision of the Ministry of Health instead of the Local Authority so that all complaints now go to the Ministry's Inspector under the Act.

F. J. G. LISHMAN.
Medical Officer of Health.

7th August, 1963.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1962

Mr. Chairman, Lady Nye, Gentlemen,

I have the honour to submit my Annual Report for the year 1962.

I wish to take this opportunity of thanking the Staff of my section of the Health Department for the very efficient, conscientious and courteous way in which they have carried out their duties during the past year and to whom much credit is due in connection with large volume of work carried out during this year.

J. A. FURLEY

Chief Public Health Inspector

PUBLIC HEALTH INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	re Water Supply	.. .. .	73
" "	re Water Sampling and Analysis	..	193
" "	re Drainage and/or Sanitary	..	207
" "	Accommodation	..	143
" "	re Caravans etc.	.. .. .	6
" "	re Buildings of Temporary Material	..	43
	(Section 53)	..	23
" "	re Factories Act	.. .. .	20
" "	re Infectious Diseases	.. .. .	143
" "	re Investigation of Food Poisoning	..	26
" "	re Miscellaneous Complaints	..	
" "	re Refuse Collection, Tips etc.	..	

Housing

Number of Inspections and Visits	under Housing Act 1936	.. .. .	263
" " " " "	and 1957	.. .. .	653
" " " " "	under Housing Acts	.. .. .	134
" " " " "	1949/52/58	.. .. .
" " " " "	under Public Health Acts	.. .. .

Meat and Food Inspection

Number of Visits	to Slaughterhouses approx.	.. .. .	239
" " "	to Shops, Premises and Vans	.. .. .	98
" " "	to Dairies	.. .. .	65

Number of Visits re Ice Cream	..	..	..	..	..	..	18
" " " to Cafes	..	..	..	..	..	..	10

H O U S I N G

The following statistics show the work carried out under the Housing Acts 1936, 1949, 1952, 1957 and 1958, the Housing Repairs and Rents Act, 1954 and the Rent Act, 1957.

Discretionary Grants

Year	Amount of Grant agreed to be paid by the Council	No. of Properties
31.7.49. - 31.12.54.	£18,509	61
1955	£21,059	71
1956	£20,388	66
1957	£23,033	70
1958	£21,878	79
1959	£17,407	51
1960	£27,155	77
1961	£24,371	67
1962	£17,527	53
Total	<u>£191,327</u>	<u>595</u>

Standard Grants

	<u>Value of Grants Paid</u>	<u>No. of Houses</u>
1960	£2,955	26
1961	£4,700	36
1962	<u>£2,813</u>	<u>27</u>
Total	<u>£10,508</u>	<u>89</u>

Improvement Grants

The Improvement Grant schemes have, without any shadow of doubt, played a most important part in the general raising of the standard of housing accommodation in the District, and the Council's stake in housing is now very considerable when it is realised that out of 6,249 permanent dwellings within the area administered by the Council, 888 are owned by the Local Authority, 684 have received financial assistance towards improvement and many more have been built or purchased with loans provided by the Council.

This record is a good one and must be as good as the most progressive in the country.

Slum Clearance

The clearance of Unfit Houses has progressed during the year. More detailed particulars are given in the General Statistics set out in the following paragraph. Here again the record of work is satisfactory.

Council House Repairs and Improvements

The 888 houses owned by the Council are generally in a good state of repair, although I regret that all too frequently delays occur in effecting necessary repairs due to the great difficulty experienced in finding and persuading builders to carry out these works.

The modernising of pre-war houses is proceeding and during the year 12 houses at Laverstock and 4 at Wishford were completed and work commenced on the houses at Weeping Ash, Fovant.

Tenants appreciate the provision of modern facilities which makes life easier and results in a higher standard of personal and domestic living.

HOUSING STATISTICS FOR 1962

1. Number of permanent dwellings in district at end of year .. 6,249
2. Number of permanent dwellings in district owned by Local Authority 888
3. Number of Temporary dwellings in district owned by Local Authority Nil
4. Inspection of dwellings during year:
 - (i) Inspected for housing defects under Public Health Acts 121
 - (ii) Inspected for housing defects under Housing Acts .. 63
 - (iii) Number of dwellings so dangerous or injurious to health as to be unfit for habitation 30
 - (iv) Number of dwellings found not to be in all respects reasonably fit for habitation 71
5. Number of dwellings rendered fit in consequence of informal action 59

6. Action under Statutory Powers:

A. Proceedings under Sections 9,10, and 12 Housing Act, 1957

- (i) Number of dwellings where notices were served
requiring defects to be remedied Nil.
- (ii) Number of dwellings rendered fit after service of
formal notices
 - (a) by owners Nil.
 - (b) by local authority in default of owners .. Nil.

B. Proceedings under Section 16, Housing Act, 1957

- (i) Number of demolition orders made 22
- (ii) Number of houses demolished as result of demolition
order 20
- (iii) Number of undertakings accepted 3
- (iv) Number of undertakings completed 1

C. Proceedings under Section 17,18,27, Housing Act, 1957.

- (i) Number of dwellings where closing orders were made 2
- (ii) Number of dwellings closed as result of Closing
Orders or undertakings by owners 5
- (iii) Number of dwellings where Closing Orders were
cancelled in consequence of premises being made fit 1

7. Rent, Act, 1957.

- (i) Certificates of Disrepair applied for Nil.
- (ii) Certificates of Disrepair granted Nil.

8. Public Health Act, 1936.

Nuisances remedied after informal notice	..	..	..	..	..	41
" " " formal notice	..	..	..	..	..	1

9. Houses Erected

	1.4.45. to 31.12.61.	1.1.62. to 31.12.62.		Total Number of New Dwellings - Post War Period
Local Authority	708	125	} 733	1,622
Private Enterprise	740	149		

WATER SUPPLY

The Council's comprehensive Water Supply scheme to embrace the whole of the area administered has now reached its final stages, with the conclusion of the Chalke Valley main laying and the purchase of the source, equipment and mains from the Winterslow Water Society during the past year.

Further mains have also been laid in Dinton, Alderbury and Laverstock, augmenting the existing supply and supplying for the first time further properties in Alderbury, Shute End, Clarendon Park and Ford.

Contracts are now nearing completion which will enable the Pitton source to be dismantled and Winterslow and Lopcombe Corner all linked together with the Eastern Area Supply Network, fed from Standlynch Reservoir.

Fovant Source

Complaints were received regarding the discoloured water which was being supplied from the mains from this source, and following extensive investigation and sampling it was found that at its source the water was clear and bright in appearance, free from Iron and other metals, hard but not excessively so, and its organic quality was of the highest standard. However, although the pH value was neutral, the water had a substantial content of free carbon dioxide and aeration by cascading is necessary a substantial and satisfactory reduction of the free carbon dioxide.

Wylve Source

A 6" Rising Main has now been laid to the Wylve Reservoir. All water from this source will now enter the Reservoir and settle before passing into the mains.

The water supplies are sufficient in quantity and no restrictions have been placed upon the use of water in the area.

I give below the position at December 31st, 1962, regarding

supplies to every village in the Council's area. The population figures given are those taken from the 1951 census - no later figures being available.

I regret that no records are kept of houses supplied by standpipe. This method is only used by a very small number of houses.

Village or Parish	1951 Population	Source of Supply	No. of Houses Connected
Alderbury	1,029	Local Authority Supply Longford Estate Main	299 Not Known
Barford St. Martin	487	Local Authority Supply	145
Britford	582	Local Authority Supply	37
Berwick St. James	173	Manor Farm Supply	Approx. 95%
Bishopstone	457	Local Authority Supply	94
Bowerchalke	379	Local Authority Supply	74
Broadchalke	597	Local Authority Supply	100
Burcombe	196	Local Authority Main	44
Clarendon Park	315	Private Estate Supply	Not Known
Compton Chamberlayne	170	Part Local Authority Supply	36
Coombe Bissett	425	Local Authority Scheme	106
Dinton	458	Local Authority Main	136
Downton	1,701	West Hants Water Co. Statutory Area.	
Ebbesbourne Wake	221	Local Authority Main	46
Great Wishford	234	Local Authority Main	94
Grimstead	310	Local Authority Main	129
Laverstock	1,610	Local Authority Main	456
Landford	492	West Hants Water Co. Statutory Area	

Village or Parish	1951 Population	Source of Supply	No. of Houses Connected.
Netherhampton	221	Local Authority Main	32
Odstock	561	Longford Estate	Not known Approx. 90%
Pitton and Farley	452	Local Authority Main	201
Quidhampton	370	Local Authority Main	124
Redlynch	2,194	West Hants Water Co. Statutory Area	
South Newton	436	Local Authority Main	206
Stapleford	267	Local Authority Main	86
Steeple Langford	458	Local Authority Supply	101
Whiteparish	847	Local Authority Main	299
West Dean	180	Norman Court Estate Supply	Not known Approx. 95%
Winterslow	1,022	Local Authority Supply	32
Lopcombe Corner		Local Authority Main	25
Wylve	400	Local Authority Main	98

I now give a summary of the water supplied from each source together with a summary of reports of samples taken.

Fovant Source

Supply to villages of Fovant, Compton Chamberlayne, Dinton, Barford St. Martin, Burcombe, and the whole of the Chalke Valley comprising of Ebbesbourne Wake, Broadchalke, Bowerchalke, Bishopstone and Coombe Bissett.

Water is chlorinated at source.

Result of Bacteriological Examination of Water Supply during year

January	Excellent	
February	Excellent	
April	Excellent	(2 samples)
May	Excellent	
September	Excellent	
October	Excellent	

Result of Chemical Analysis of Water Supply During year

23.10.62. Satisfactory

3 Chemical samples taken on 17.1.62. showed that this water possessed a bicarbonate alkalinity of 265 parts per million.

Wylve Source

Supply to villages of Wylve, Steeple Langford, Stapleford, South Newton and Wishford.

Water Supplied untreated.

Result of Bacteriological Examination of Water supplied during year

January	Excellent
April	Excellent
June	Unsatisfactory
June	Excellent
November	Excellent

Result of Chemical Analysis of Water Supply

13.11.62. Satisfactory

Farley Source

This source was taken out of commission during 1961, and the works dismantled.

Pitton Public Supply

Supply to village of Pitton only.

Water chlorinated at source.

This is a doubtful source and arrangements are being made to supply the village from the new trunk mains which are being laid in this area, where this source will be abandoned.

Result of Bacteriological Examination of Water Supplied during year

February	Excellent
May	Excellent
September	Excellent
November	Excellent

Result of Chemical Analysis of Water Supply

17.9.62. Satisfactory

Ebbesbourne Wake Source

This source has been abandoned.

Winterslow

Result of Bacteriological Examination of Water supplied during year.

February	Excellent
May	Excellent
September	Excellent
November	Excellent

Result of Chemical Analysis of Water Supply from Lopcombe Corner

17.9.62. Satisfactory

This source will be abandoned when main laying in the Eastern Area and the erection of the new Booster Station at Winterslow is completed.

BULK SUPPLIES, ETC.

Downton, Redlynch and Landford

These villages are supplied by the West Hants Water Company being included in the Statutory area of the Company.

Britford, Laverstock (including Ford)

Supplied by mains water by bulk supplies from Salisbury City and distribution through the Rural District Council's mains.

Aldersbury, Grimsteads, Farley and Whiteparish

Supplied by mains water by bulk supplies from the West Hants Water Company's source and distributed through the Rural District Council's mains.

Quidhampton and Netherhampton

Supplied by mains water by bulk supplies from Wilton Borough and distributed through the Rural District Council's mains.

Berwick St. James, parts of Alderbury, Odstock, West Dean, and Clarendon Park.

Piped water from private sources are available in these parishes.

WATER SAMPLES

I give below a summary of the results of samples taken during the year:-

ANALYSIS OF WATER SAMPLES

1. Bacteriological

Analysis of Reports

(a) TREATED WATER SUPPLIES

Number Excellent	..	..	..	..	43	43
Number Unsatisfactory	..	..	..	..	<u>Nil</u>	

(b) RAW, UNTREATED WATERS

(a) Number Excellent	..	..	..	..	11	
(b) Number Satisfactory	..	..	..	..	-
(c) Number Suspicious	..	..	..	..	1	
(d) Number Unsatisfactory	..	..	..	..	<u>-</u>	<u>12</u>
						<u>55</u>

In addition to the above, 112 samples were taken of water from new mains before these were released for public supply.

2. Chemical Samples

7 samples were taken for chemical analysis and all these proved to be satisfactory.

All these samples conform with the classifications laid down in the Ministry of Health Report on the Bacteriological Examination of Water Samples.

SEWERAGE AND SEWAGE DISPOSAL

GUIDHAMPTON

Sewers discharge into Salisbury City's
Trunk sewer south of the Village.
Number of properties connected 43

LAVERSTOCK

Parts of Laverstock sewered as development
takes place. Four sewers have now been laid
to serve the central area of the village.
Number of properties connected 426

BERWICK ST. JAMES

Sewers and Disposal Unit are now completed.
Number of properties connected 48

DOWNTON

Sewers and Disposal Unit are now completed.
Number of properties connected 318

REDLYNCH

Sewers now laid to serve Woodfalls and
Morgans Vale Areas by gravity to Downton
Works.
Number of properties connected 187

FOVANT

Sewers and Disposal Unit now completed.
Number of properties connected 116

BARFORD ST. MARTIN

Work is in progress on this scheme.

NETHERHAMPTON

Area adjoining Salisbury City drains
into City sewers.

Number of properties connected 2 houses
2 factories

MEAT CONDEMNED DURING 1962

ANIMALS	FOR TUBERCULOSIS		CONDEMNED FOR PURPOSES OTHER THAN TUBERCULOSIS	
	Meat	Offal	Meat	Offal
	lbs.	lbs.	lbs.	lbs.
Pigs	5,228	2,941	8,242	2,418
Calves	Nil	Nil	Nil	Nil
Sheep	Nil	Nil	Nil	Nil
Bovines	Nil	Nil	Nil	Nil
Horses	Nil	Nil	Nil	Nil

Carcases Inspected and Condemned - For the year ended 1962.

	Cattle excluding Cows	Cows	Sheep and Lambs	Pigs	Horses
Number killed	-	-	-	23,958	-
Number Inspected	-	-	-	23,958	-

All Diseases except Tuberculosis and Cysticercosis

Whole carcasses condemned	-	-	-	61	-
Carcases of which some part of organ was con- demned	-	-	-	653	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis	-	-	-	2.9%	-

Tuberculosis only

Whole carcasses condemned	-	-	-	6	-
Carcases of which some part or organ was condemned	-	-	-	541	-
Percentage of the number inspected affected with tuberculosis	-	-	-	2.2%	-

Cysticercosis

Carcases of which some part or organ was con- demned	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

MILK SUPPLY

Routine sampling of milk was regularly carried out during the past year. It was found that the milk from one dairy herd was suspected of being capable of transmitting brucellosis and with the co-operation of the farm manager samples were taken from each individual cow. These samples narrowed the issue down to three cows, whereupon further samples taken together with blood tests carried out by the farm's veterinary surgeon resulted in the suspected cow being slaughtered.

During the period of investigation milk from the suspected cows was sent to a pasteurisation plant for heat treatment and no known cases of brucellosis in humans in this locality were recorded.

Premises registered as dairies other than those registered
by Ministry of Agriculture, Fisheries and Food 2

No. of Producer/Retailers and Distributors licensed in district
selling raw milk 13

No. of Distributors licensed in district obtaining milk from
pasteurising plants within Wiltshire 4

No. of Distributors licensed in district obtaining milk from
pasteurising plants without Wiltshire 2

No. of inspections made 65

Methylene Blue Test

Tuberculin Tested Raw Milk

(a) Number of samples passed 94

(b) Number of samples failed 1

Biological Samples (Tubercle Bacillus Test)

Tuberculin Tested Raw Milk

(a) Number of samples negative 41

(b) Number of samples positive Nil

Bottle Rinses

(a) Number of samples passed 7

(b) Number of samples failed 1

FOOD HYGIENE REGULATIONS, 1955

Inspections have been carried out of food premises under the above Regulations and a number of informal notices have had to be served upon owners of certain property, in order to obtain compliance with these Regulations.

FOOD AND DRUGS ACT, 1955

Section 16 - Number of Premises Registered

- | | |
|---|----|
| (a) Premises registered for the sale of Ice Cream | 97 |
| (b) Premises registered for the manufacture of Sausages, etc. . | 9 |
| (c) Premises licensed for use as Slaughterhouse | 1 |

Slaughter of Animals Act, 1933

- | | |
|---|---|
| (a) Number of Slaughtermen licensed during the year under the above Act | 9 |
|---|---|

REFUSE COLLECTION AND DISPOSAL

The private contractor who for many years has carried out this service for the Council under contract informed the Council that he wished to terminate his contract and accordingly finished on 30th September, 1962.

After giving very full consideration to all the factors involved and the submission of tenders by private contractors, the Council finally decided to carry out the service by direct labour as from 1st October, 1962 and accordingly purchased two modern Shelvoke and Drewry fore and aft tippers and employed five men.

A bonus scheme is in operation for the employees whereby half the money received from salvaged materials is divided equally between the employees and the other half retained by the Council. From the commencement of the service on 1st October, 1962 up to 31st December, 1962 the total value of salvaged materials amounted to £76. 16. 7d.

A weekly collection is carried out in six parishes and in the remaining twenty five parishes fortnightly. It is proposed to purchase a further vehicle in the coming year and so provide further parishes with a weekly collection.

Negotiations are proceeding for the purchase of a depot at Britford where the vehicles could be garaged and cleaned, and where salvaged materials could be stored...

RODENT CONTROL

Routine surveys and investigation of all complaints received have been conscientiously dealt with by the Rodent Operator under the supervision of this Department and I give below the following table, which briefly summarises the work carried out.

TYPE OF PROPERTY

Non-Agricultural

	(1) Local Autho- rity	(2) Dwelling Houses (incl. Coun- cil houses)	(3) All other (inc. business Premises)	(4) Total of Cols. (1)(2)&(3)	(5) Agricu- ture
1. Approximate no. of properties	7	6,249	801 approx.	7,057	400 approx.
2. Number of properties inspected as a result of:					
(a) Notification	-	9	49	83	8
(b) Survey under the Act	7	1,119	67	1,193	88
3. Number of proper- ties inspected (in Section 2) which were found to be infested by:					
(a) Rats { Major	1	-	-	1	3
{ Minor	2	120	8	130	6
(b) Mice { Major	-	-	-	-	-
{ Minor	-	1	1	2	-
4. Number of infested properties (in Section 3) treated by L.A.	3	121	9	133	9

The Rodent Operator is employed in conjunction with our neighbours, Amesbury R.D.C. and Wilton Borough under a Joint Committee and he spends four weeks with this Council and then is away for the following six weeks with the other Authorities. This arrangement works extremely well and is of considerable advantage to all concerned.

J. H. FURLEY
Chief Public Health Inspector.

